

# Request to Extend Leave of Absence to Accept Unclassified Appointment

Department Requesting:		Date:	
Department Requesting Address:			
Employee Name:		Social Security Number:	
Unclassified Title:		Position Number:	
Permanent Title:		Position Number:	
<b>Note:</b> <i>It is the appointing authority's responsibility to ensure the availability of a position to accommodate the return from leave.</i>	Is the employee on leave to serve in an Unclassified Appointment in another Appointing Authority?  <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, which Appointing Authority?  _____ _____ _____	Expiration Date of Leave of Absence:
			Through Date of Extension Request:

## Justification for Extension of Leave

Signature of Personnel Officer _____  Phone Number _____	<b>Send to:</b> State Records Processing Unit Department of Personnel, PO Box 314 Trenton, New Jersey 08625-0314
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## For Department of Personnel Use Only

Approved by: _____  Date: _____	Disapproved by: _____  Date: _____
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